



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E432532**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	15-01432	
LOCAL AGENCY CODING	<input type="text"/>	
TOTAL # OF UNITS	02	OBJECT STRUCK <input type="text"/>

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	06	-	09	-	2015			1046	31	<input type="text"/>	0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

SR **92** BLOCK NO. MILE POST

DISTANCE MILES N E OF (REFERENCE OR CROSS STREET) **GRADE RD**

FEET S W

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4258705568**

LAST NAME **HILLA** FIRST NAME **NICOLE** MIDDLE INITIAL **L**

STREET NEW ADDRESS **8315 65TH PL NE**

CITY **MARYSVILLE** ST **WA** ZIP **982708516**

GDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **HILLANL165DF** STATE **WA** SEX **F** D.O.B. **03** - **06** - **1984**

ON DUTY ☐ STATUS AIRBAG **6** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **AKG4205** STATE **WA** VIN# **5FNYP4H96DB014889**

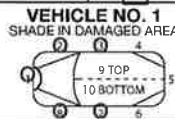
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2013** MAKE **HOND** MODEL **PILOT** STYLE **UT** VEHICLE TOWED YES ☒ NO ☐ TOWED BY **R & R TOWING** GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **BRIAN CORNEAL 8315 65TH PL NE MARYSVILLE WA 98270 D: 4258705568**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **USAA 019067713U**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253596126**

LAST NAME **BRUNS** FIRST NAME **RUTH** MIDDLE INITIAL **M**

STREET NEW ADDRESS **4117 147TH AVE NE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **BRUNSRM593MQ** STATE **WA** SEX **F** D.O.B. **07** - **18** - **1941**

ON DUTY ☐ STATUS AIRBAG **6** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **6** NATURE OF INJURIES **UNKNOWN**

LICENSE PLATE # **ABL0048** STATE **WA** VIN# **1HGCM56407A127135**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2007** MAKE **HOND** MODEL **ACD4D** STYLE **4D** VEHICLE TOWED YES ☒ NO ☐ TOWED BY **MACK'S TOWING** GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **RUTH BRUNS PO BOX 1223 LAKE STEVENS WA 98258 D: 4253596126**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **SAFECO INS. H1909217**

VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # CHARGE



OFFICER'S NAME (PRINT) **C. LYONS #0134** BADGE OR ID # **0134** AGENCY **WA0311900**

PAGE 01 OF 3



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E432532

CASE #

15-01432

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

CORNEAL CAMERON L

ADDRESS & PHONE #

8315 65TH PL NE MARYSVILLE WA 982708516 4258705568

SEX

M

D.O.B.
MMDDYYYY

08

11

2012

PASSENGER ☒

WITNESS ☐

UNIT #

1

SEAT
POS.

7

AIRBAG

4

RESTR.

8

EJECT

1

HELMET
USE

INJURY
CLASS

7

NATURE OF INJURIES
BLOODY MOUTH

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

V-2 was traveling westbound on SR92 and was stopped waiting for an opening in oncoming traffic, in order to turn southbound on Grade Rd. V-1 was traveling westbound on SR92 and without noticing or hitting the brakes, collided into the back of V-2. V-2 airbags were deployed and suffered severe damage to the rear end of the vehicle. Driver of V-2 was taken to the hospital. V-1 airbags were deployed and suffered severe damage to the front end of the vehicle. Driver of V-1 stated she did not have any known injuries and did not need any medical attention. The passenger of V-1 was checked by medics and was cleared, but had a bloody mouth.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. LYONS #0134

06-10-15 10:57 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

ROBERT MINER 095

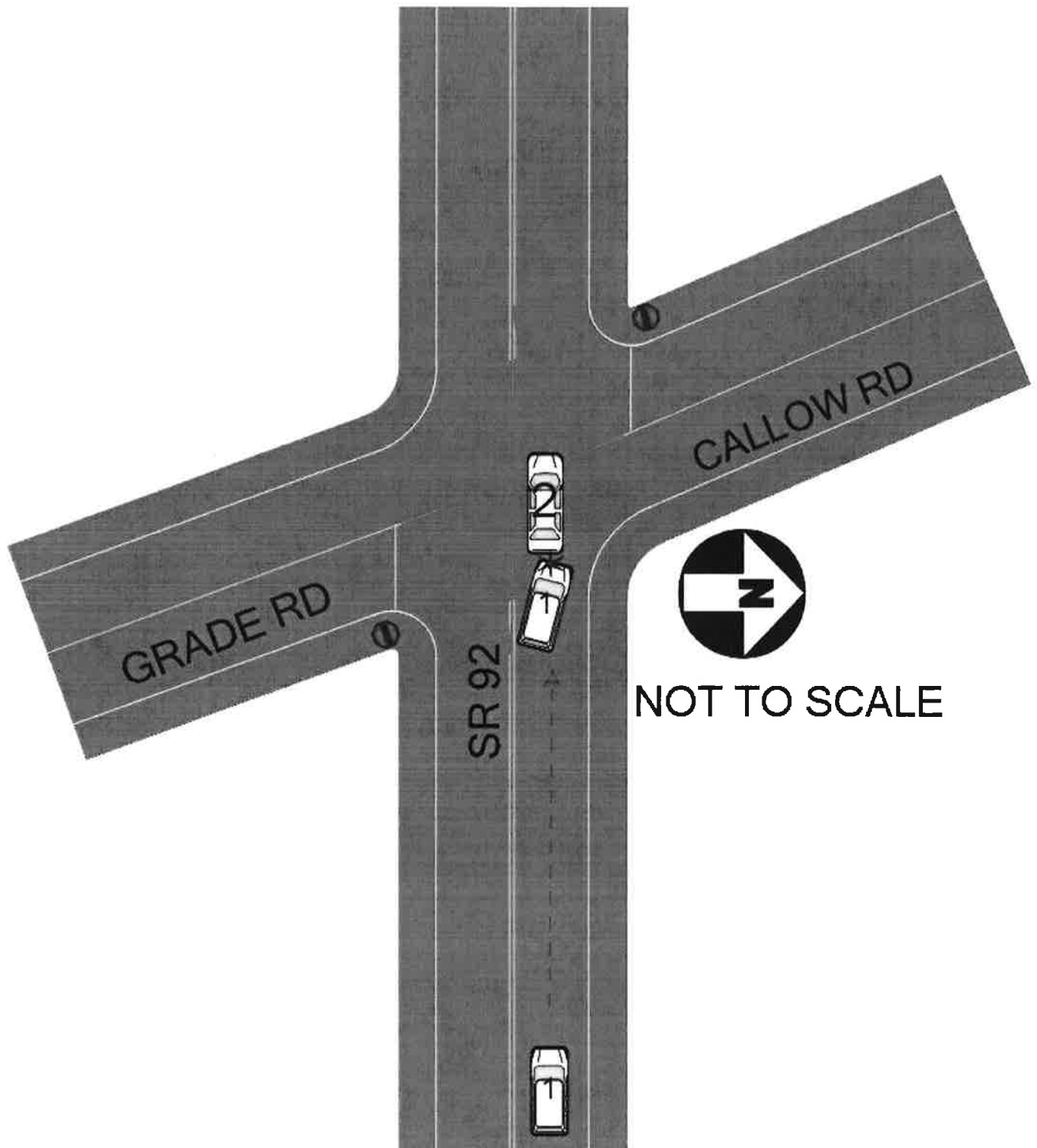
6/11/2015 11:07:48 AM

BADGE OR ID # **0134**

ORI # **WA0311900**

TIME POLICE DISPATCHED **10:46 AM**

TIME POLICE ARRIVED **10:54 AM**





Snohomish County Sheriff's Office
Statement Form

LSPD
Case # 15-01432

Statement of: Last Name: SKALSKY / DARBY First: Montie Middle: Francie
DOB: 4/12/50 Race: W Hispanic: Y / N Sex: M Hgt: 5'11" Wgt: 190 Eye: Blue Hair: Gray
Home Address: 4324 99th Ave NE City: LK 5 Zip: 98258

P. O. Box Number: _____ City: _____ Zip: _____
Employer: RETIRED City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: 425-925-5630
E-mail Address: _____ Contact Phone: _____

Place statement taken (City): LK 5 - Hwy 92 & Callow Rd (Established Family Member or Friend)
Date: 6/9/15 Time: 10:45
Statement: _____

Witnessed silver car turning left off of 92 + Callow rd - Red SUV heading west rear ended the silver Honda Accord. - silver car pushed into our lane & we took evasive emergency action to avoid head-on.

This statement was completed for me by Francie M. Skalsky. 56-1939.

I HAVE READ EACH PAGE OF THIS STATEMENT CONSISTING OF _____ PAGE(S).
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON
THAT THE ENTIRE STATEMENT IS TRUE AND CORRECT. MP (initial)

Signature: Montie Darby

Deputy: MP

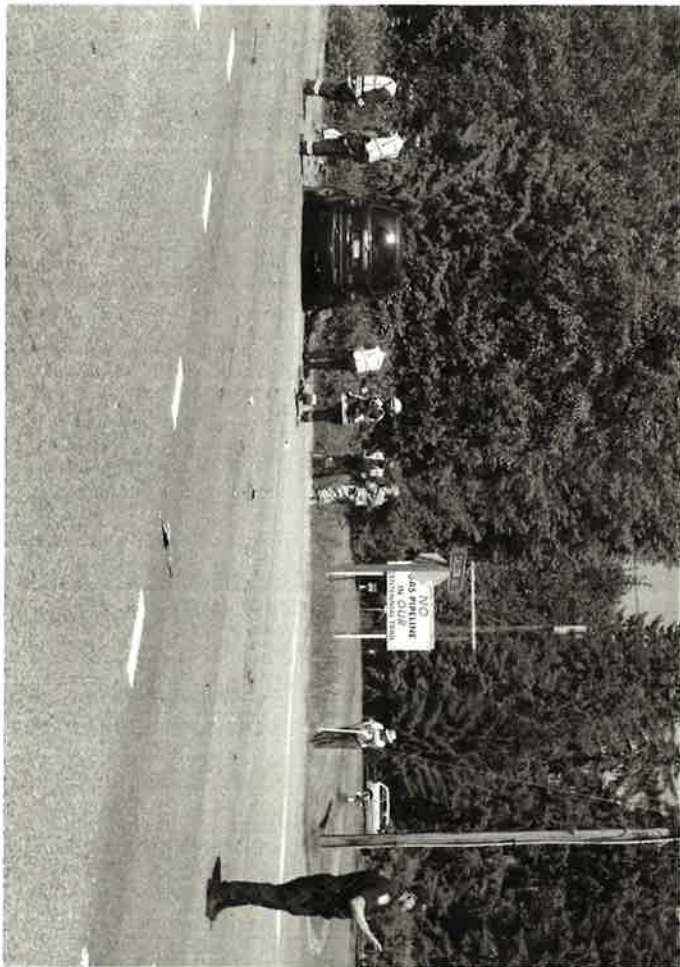
1 of _____

LSPD
ORIGINAL

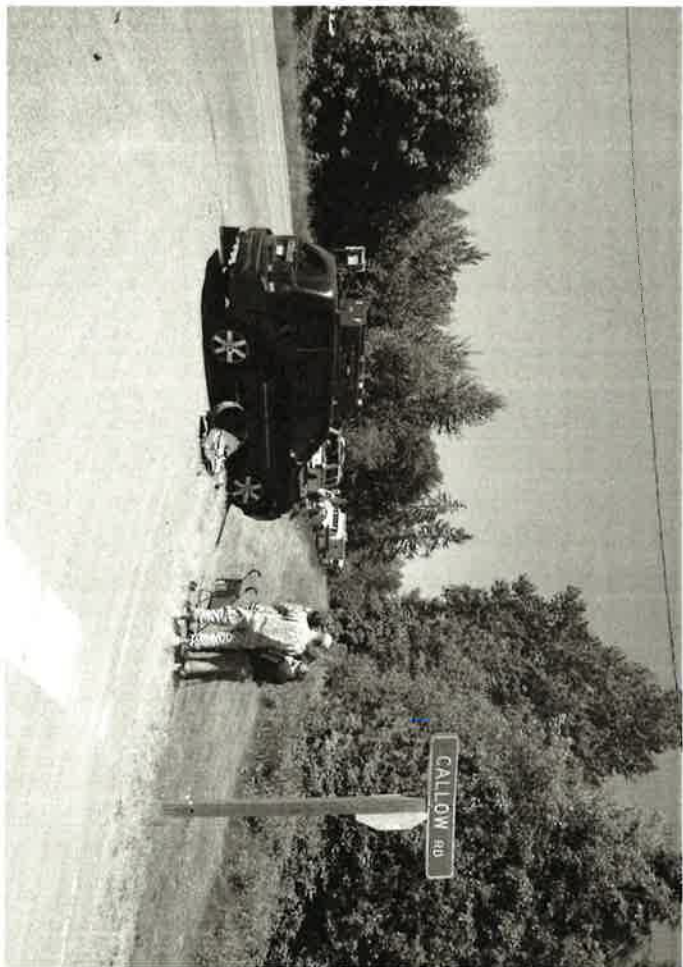
Case # 15-01432

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>C. Lyons #134</i>		Case Number <i>15-01432</i>			
Type of Crime: <u>Felony / Misdemeanor (Circle)</u>		Type of Case: <i>Collision</i>		Date/Time: <i>6/9/15 1046</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkng will be held for 60 days or 60 days past owner notification					
Item # <i>CL-1</i> Action # <i>3</i>	Item <i>CD w/ pics</i>		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Evidence Control Use Only:							
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____		
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room		
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File		

LSPD
ORIGINAL



LSPD
ORIGINAL





LSPD
ORIGINAL

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

15-01432

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

1 H G C M 5 G 4 0 7 A 1 2 7 1 3 5

LICENSE

ABL0048

STATE

WA

YEAR

2007

MAKE

HOND

MODEL

ACD

MILEAGE

☐ Report of Sale

☐ Digital

STYLE

4DR

COLOR

SI

DRIVER

NAME (LAST, FIRST, MI)

Same as RO

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

DOB

REGISTERED OWNER

NAME (LAST, FIRST, MI)

BRUNS, RUTH M.

STREET ADDRESS

4117 147th AVENUE

CITY, STATE, ZIP CODE

LAKE STEVENS, WA 98258

PHONE

425-359-6126

LEGAL OWNER

NAME (LAST, FIRST, MI)

SAME as RO

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 06-09-15 AT 1120 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE

TO REMOVE THIS VEHICLE FROM SR92 / GRADE RD

(TOWING FIRM)

LAKE STEVENS, WA

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

DOL TOW TRUCK NO.

5089-007

DATE

6-9-15

EQUIPMENT

- ☐ GLOVE BOX LOCKED
☐ KEYS []
☐ AUTO STEREO
☐ AUDIO TAPES / CD'S []
☐ CB RADIO
☐ RADAR DETECTOR
☐ TRUNK LOCKED
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER _____

DAMAGE

- ☐ FRONT SHADE DAMAGED AREA
☐ R FRONT
☐ R SIDE
☐ R REAR
☐ L FRONT
☐ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER _____

EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

Vehicle was damaged in collision and driver was transported to hospital by AID

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

Shogren H

BADGE NO.

102

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

3000-110-076 (R 7/11)

SUPERVISOR

LSPD
ORIGINAL

